



12/22/00

PATENT
9P1655 #

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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TECH CENTER 1600/2900

Applicants: Soderlund et al.

Examiner: Myers, C.

Serial No.: 08/465,322

Group Art Unit: 1655

Filed: June 5, 1995

Docket: 13025-4

For: Method and Reagent for Determining
Specific Nucleotide Variations

Kalow & Springut LLP
488 Madison Avenue
New York, New York 10022

December 19, 2000

Assistant Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL OF AMENDMENT

SIR:

Transmitted herewith is an amendment to the application identified above.

— Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

— A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

X The filing fee for additional claims is calculated as follows:

Certificate of Express Mail Under C.F.R. 1.10

I hereby declare that this correspondence is being deposited with the United States Postal Service via Express Mail Label No. EL605313055US in an envelope addressed to Assistant Commissioner for Patents, Washington, DC 20231.

Name: J. Colwell

Date: 12/19/00

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	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER EXTRA CLAIMS PRESENTED		RATE			SMALL ENTITY	OTHER ENTITY
						SMALL ENTITY	OTHER ENTITY			
Total Claims	37	* 45	=	***	x	9	18	=	\$	0
Independent Claims	3	** 10	=	***	x	40	80	=	\$	0
Multiple Dependent Claim(s) Presented For First Time: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						135	270	=	0	0
TOTAL ADDITIONAL FEE \$										

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

☐ Please charge Deposit Account No. 011-0171 in the amount of \$_____.
 Three copies of this sheet are enclosed.

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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 11-0171. Three copies of this sheet are enclosed.

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X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

A handwritten signature in cursive script, reading "Franklin S. Abrams".

Franklin S. Abrams
(Registration No. 43,457)
Attorney for Applicants

Telephone No.: (212) 813-1600

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